

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/567581

2-8-06

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
13						
14						
15						
16						
17		4				
18						
19						
20						
21	1		1			
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34						
35						
36						
37						
38						
39						
40		4				
41						
42						
43						
44	1		1			
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1		1			
52						
53						
54						
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56						
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59	1		1			
60						
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69	1		1			
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100						
			6			
			63			
			69			